TION

S. No.

infor-

OCCUPA

plnods

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 02009
County Marcerter	Registration Dist. No. 351
Village or City near Snaw Will ma	ND. St Ward
Length of rasidence in city or town where daath occurred 2 % yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Isaac Becke	ta
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5 SINCLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
male Calored OR DIVORCED (writighte word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Surband of Hathi Barchets	22. I HEREBY CERTIFY, That I attanded daceasad from
6. DATE OF BIRTH (month, day, and year) Unlanguage \$76	1 1 1 1 1 1 1 1 1 1
7. AGE Yaars Months Days If LESS than I day,	to have occurred on the data stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
% Trade, profassion, or particular kind of work done, as SPINNER, formers SAWYER, BOOKKEPPER, etc.	no doelor un allerd -
at 1 9 Industry or husiness in which	Foreign dead line from
work was dona, as SILK MILL, SAW MILL, BANK, etc	cart a doctor was called.
10. Date deceased last worked at this occupation (month and year) corrupation coupation	and he stated death
12. BIRTHPLACE (city or town) Near Pacaman md, (State or country)	Other Contributory Canses of importanca: provably Rouseld by
	afoofally y
13. NAME John Bech (at arms (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was thara an autopsy?
I O	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) ALON ACOMMUNE (Stata or country)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Hattre Becketo (Address) Paramore R. + V. 3	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Jalusan Jack Date F. LV 18, 1934	Nature of Injury
19. UNDERTAKER CLAS QUENELL (Address) Snaw Lull md	24. Was disease or injury In any way related to occupation of dacaasad?
20. FILED 2/17, 19 34 LELvy Secreth	(Signed) RECoy Switch R. Rog (Address) Sugar Well mid
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CENTIFICATE OF DEATH

CTATE OF MADVI AND

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNPADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. W. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 19010
1. PLACE OF DEATH	(30)
County Worcesfer	Registration Dist. No. 33/
Village or City & Prow of Hill	NoSt.,Ward
7 4	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
741.00 11 11 11 11 1	
	Imean
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) While While Widowled	21. DATE OF DEATH Sebuard (Month) (Day) (Year)
5a. If married, widowed, on divorced HUSBAND of (or) WIFE of	
(or) WIFE of Priscella ann arman	22. LIHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March, 22 1852	Hast saw h Cinalive on Let. 21 1934: death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 1/2 A-m.
8/ 18 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Date of onset
kind of work done, as SPINNER Tarmell	Jonchs. Illimona 717/34
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month and specific property).	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1930 spant in this year)	
13 DIRTHIN ACE (situations)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) - Weldware (State or country)	Chrone intentitial Alphretin for
13. NAME Pensamin Carmean	The state of the s
14. BIRTHPLACE (city or town) 11. (State or country)	Name of operation
(State or country) hellaware	What test confirmed diagnosis? Clinical Was there an au'opsy W
15. MAIDEN NAME (Triscella Friege)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (Triscella Triggs) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Manyland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MIS MODEL HOLLES (Address) Smow Hill My	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Comiley Soulder A Date July 25, 1934	Nature of injury
19. UNDERTAKER Bearne Themis) (Addiess) Snow But mg	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2/22, 1934 RECoy Swith Registrar.	(Signed) Avalsche M. D. (Address) Anny Hill Mel
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02011
1. PLACE OF DEATH	(3)
County Wordston	Registration Dist. No. 20/
Village or City Gudlettee	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence of city of town where death occurred 4 yrs 4 mos	
2. FULL NAME Valle Mary (6	flich
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mony) (Day) (Year)
a. 11 married, widowed, or divorced HUSBANO of (or) WIFE of	22. O I HEREBY CERTIFY That Lattended deceased Iro
DATE OF BIRTH (month, day, and year Cot. 18 1893	I last saw selve on Tell 19, 19 4, death is sa
AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at 2
70 7 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	pl n 11- au
SAWYER, BOOKKEEPER, etc	L'arour / ryocarailes
work was done, as SILK MILL, SAW MILL, BANK, etc.	Of Deline
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Greniera 2 dan 7 4 s
year)	Other Contributory Canses of Amportance
2. BIRTHPLACE (city or town) (State or country)	Nypesleussow Mike
	/ Cuema
The Committee of the Co	
14, BIRTHPLACE (city or town). (Stete or country)	Neme of operation
	What test confirmed diagnosis? Was there an au'opsy?
Comment of the commen	23. If death was due to externel causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Walter My Collick	(Specify city or town, county and Stale) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Sincle 12 9114 18. BURIAL, CREMATION, OR REMOVAL 12 0	Manner ol injury
Cowfeeling Con Sindstreet one oret 21, 1934	Nature of injury
19. UNDERTAKER W 3 & Williams (Address)	24. Was disease or Injury In any way related to occupation of deceased? 200
(Autions)	Il so, specify
20. FILEO 420, 1934 TELOG Seell Registrar.	(Signed) (Address) 1 6014 E Phoese RS
If more blanks are needed, address State Registrar,	70007

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	REPRAIL V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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OR BINDING	S A PERMANENT	ated EXACTOLY	operly classified.	rtificate.
4	SI	5/2	d	ce
1	H	pe	be	of
MARGIN RESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	TION is very important. See instructions on back of certificate.
V	WIT	efully	in pla	ant.
)	INLY,	be can	EATH	import
	PL/	pluoi)F D	very
	LE	S	E	.00
	-WRI	mation	CAUS	LION

B.-WRITE PLAINLY,

V. S. No. 1

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02012
1. PLACE OF DEATH	(159)
County Work Classon	Registration Dist. No. 355
Village or City Bestro-Romd-RJ	No. St., Ward
(If Length of residence in city or town where treeth occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
0.1.+1.0	
2. FULL NAME / OVER James 2	sieperson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mall Cold OR DIVORCED (write the word)	(Month) (Dev) (Yeer)
5e. Il married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended decessed Irom
9/17 10211	2 - 17 - 1934, 10 2 - 17 - 1938
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Deys If LESS than	i lest sew h 2 4; death is seid
1 day,	to heve occurred on the dete steted above, et
8 Trade profession or particular	were es follows: Premature Birth 2-12-34
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BD OKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete design (month and this property in the property in this property in the property	Juniary 12011
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc	
- Spent in this	
year) occupation occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME COliver & cereson	
13. NAME Cliner Deferson 14. BIRTHPLACE (city or town) Marylande (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Dela Dela Dela Serson 16. BIRTHPLACE (city or town) Mary and	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur?
17. INFORMANT Q CANCELLY CONTROL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Inline
Piece Willians form Date Jeb. 17 1934	Menner of injury
m. Poster wat	
19. UNDERTAKER (Address)	24. Was disease or Injury In any wey releted to occupetion of deceased?
and the state of t	(Signed) 22 Danes M.D.
20, FILED 3 - 1 193 TY MULIN J. MAYNON C. Registrar.	(Address) Lelhaville
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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6	RECORD.	PHYSI
FOR BINDING	IS A PERMANENT R	stated EXACTLY.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI

1. PLACE OF DEATH		CERTIFICATE OF DEATH	01
County Worsester		Registration Dist. No. 952	
Village or City Shows			W
to be being in the second and	(1	death occurred in a hospital or institution, give its NAME instead of street and num	ber)
	death occurred yrs mo	ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME TOTAL	- suy 130	M Pyson	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	te
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Z (Month) (Oay)	3 4 (Year
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dec	
6. DATE OF BIRTH (month, day, and year)	2-18-34	t last saw h alive on f9 d	
7. AGE Years Months	Days if LESS than 1 day, hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular	ormin.	were as follows:	ate of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	···	Alil Byras	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		m dusti i allen	-/-
f 0. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	my invige a access	w
year)	occupation	Other Contributory Causes of Importance:	
12. BfRTHPLACE (city or town) (State or country)	net.		
13. NAME Eline	Divon		
F4. BIRTHPLACE (city or town).	owalls	Name of operation Date of	
(State or country)	my	What test confirmed diagnosis? Was there an auto	psy?
# 15. MAIDEN NAME DELLE	Tordy	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
[16. BIRTHPLACE (city or town)	hospelly	Accident, suicide, or homicide? Date of Injury	_, f9
(State or country)	8 . 1/4	Where did Injury occur?(Specify city or town, county and State)	
17. INFORMANT Address)	Il Ord	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	•
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place. Shoully	Oate / /8 , 193-7	Nature of Injury	
19. UNDERTAKER I-alhe	lunied it	24. Was disease or Injury In any way related to occupation of deceased?.	
1011	0. 11 11	If so, specify	
(Address)	College Coll	(Signed) Muzzin Smith	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
N SHAREAU			
Other contributory causes of importance:		Other contributory causes of importance:	The same
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ild be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
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00	PH	ct	
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CA	Ild	d	ry important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02014
1. PLACE OF DEATH	
county Worcester-	Registration Dist. No. 332
Village or City Belling	
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Calvin & airies	
(a) Residence: No.	C4 Wand
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH-
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of	22. HEREBY CERTIFY Tool I attended daceased from
1 1 = 16.24	300
6. DATE OF BIRTH (month, day, end yaar) 7, 6, 5, 1934	I last saw h_LM alive on 100 1954; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 6, 00 Hm.
0 2 2 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of importance were as follows:
Range of the state	·
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ineumonia; Broncho 2/25/34
9. Industry or business in which work was done, es SILK MILL,	Cuesa
SAW MILL, BANK, etc	
o this occupation (month and spent in this occupation	
×200	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Viclement wa.
13. NAME Roscoe Sames.	Thee,
13. NAME Roscoe Lames. 14. BIRTHPLACE (city or town) Maryland.	Name of oparation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Coula Jurnell.	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury
≥ (Stete or country)	Where did injury occur?
17. INFORMANT Roscoe Garries. (Address) Berlin Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Vauls Cem. Dete Feb. 27, 1939	Nature of injury
10 UNDERTAKED LW. Bushase	
19. UNDERTAKER (Address) Beauty	24. Was disaase or injury In any wey related to occupation of decessed?
Let 17 Mi Oli Minel	(Signed) Cofford 6. Schott

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass) ______

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	16	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	STACE	LOIL	FORTHER	STATEMENTS	A) L	INICAMA

23	×	cla	
B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM	mation should be carefully supplied. AGE should be stated EX	CAUSE OF DEATH in plain terms, so that it may be properly cla	TION is very important. See instructions on back of certificate.
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E	Pl	ay	ck
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RI	ioi	SO	Z
M	nai	CA	FIC
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-	1	-	10

V. S. No. 1

Length of residence in city or town where death occurred yrs, mos. 2. FULL NAME Addie Bell Jeac (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Registration Dist. No. St., Ward eath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Village or City Shavells (If dee Length of residence in city or town where death occurred yrs, mos. 2. FULL NAME States Bell Jeach (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) The warrened of the second of the sec	No. St., Ward St., Ward St., St., Ward St., Ward St., St., Ward St., Ward St., St., Ward St., St., St., St., Ward St., St., Ward St., St., St., St., St., St., St., St.,
(If dee Length of residence in city or town where death occurred	eath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Addie Bell Jacoba (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) PLEUS ON DIVORCED (write the word) PLEUS ON DIVORCED (write the word)	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurrice the word)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Therefore the word) Therefore the word of the	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Therefore the word) Therefore the word of the	MEDICAL CERTIFICATE OF DEATH
Terral white OR DIVORCED (rurice the word)	21. DATE OF DEATH SC
second warried.	
5a. If marriad, widowed, or divorced	(Month) (Oay) (Yaar)
HUSBAND of ,	
(or) WIFE of Handy I Ladder	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw he alive on fig. 19 ; death Is said
1 1 80	to have occurred on the data steted above, et
49 Met. Knawn or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance ware as follows:
8 Trade nunfeccion or particular	Onta of one at
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	D N
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. 9-industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this pecupation (month and	Interior of 13.
10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	V
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	Derbitio
13. NAME Thomas / Eelley	1 4.
13. NAME Throwas I Elley 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Active Bell Kelley 23 16. BIRTHPLACE (city or town) m. 1.	23. If deeth was dua to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Acadella Ind. 18. BURIAL, CREMATION, OR REMOVAL	
Dian Every of the Certain Feb. 27 1034	Manner of injury
1.01	Natura of injury
(1)	24. Was disease or injury in any way related to occupation of decaaged?
1 1, 740	(Signed) has I - Haw. M.D.
20. FILED AST 2793 4 J Munified	(Address) B. L. Lad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		<u>- 4 1 1 - 1 - 1 - 1 - 1 - 1 - 1</u>	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

BINDING

RESERVED

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago
	WAR EL SEVEL III			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(State or country) What test confirmed diagnosis? Westhere an autopsy? 30 15. MAIOEN NAME Elizabeth Harrell 23. If death was due to external causes (VIOLENCE) fill in also the following:	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12017
Village or City Burlin Md., (If death occurred in a hospital or insistence, give in NAME interest of street and number) Length of residence in city or town where death occurred. yrs. mes. ds. How long in U.S., if of foreign birth? yrs. mbs. ds. 2. FULL NAME William Subjected is showd PERSONAL AND STATISTICAL PARTICULARS S.S. Ward. S.S. Ward. If numerident give city or town and State PERSONAL AND STATISTICAL PARTICULARS A. COLOR OR RACE SIGNER MARKED MINORED CONTROL OF DEATH A. COLOR OR RACE SIGNER MARKED MINORED CONTROL OF DEATH Salt married, withpreed, splicybroces HUSBARD OF SUBJECT Control of Con	1. PLACE OF DEATH	
Willage or City. Status Mard Michael occurred in a hospital or maintenion, give in NAME instead of street and number)	County Warrester	Registration Dist No. 3 3 2
Langth of residence in city or town where death occurred. YES MAN (If death occurred in a hospital for insulation, give its NAME instead of sincer and assumber) As Acting S 2. FULL NAME (a) Residence: No. Darlin (Meal-place of abold) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) SUBJURGE (Mean) (More the word) SI HUMBER (Months) (c) Wife Marked (More the word) (d) Wife Marked (More the word) (d) Wife Single or particular (d) Wife Single or country (d) Wife Contributery Causes of Importance: (E) West there an audiopsy (More did injury (Court of I	Village or City Bushin and.	
2. FULL NAME William J. Santings (a) Residence: No. Declin William J. Startings PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED Salti married, widowed, of divorced with the word of the wor	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Bullin (Maiplace of about) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OF WITH CONTROL OF DEATH Safit married, widgwed, of dovorced (Wooth) GORY WITH COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OF WITH COLOR OF DEATH J. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH (Month) (Osy) (Osy) (Year) 4. DATE OF BIRTH (month, day, and year) (Aug. L. J.	1 2/ -1-	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORACE ON DIVORACE OF DEATH Male	2. FULL NAME William & Hastis	ig se
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. GOLOR OR RACE S. SINGLE, MARKELD, WINDOWED, Ownite the word) Salt married, widgwedt, of divorced (World Market) Salt salt salt married (Salt salt salt salt salt da above, at. II A		
1. SEX 1. COLOR OR RACE OR DIVORCED (wife the word) OR DIVORCED (wife t		
Male Without 18 In Work and 18 In Work and 18 In Institute 18 Instit		
15. DATE OF BIRTH (month, day, and yeer) 16. DATE OF BIRTH (month, day, and yeer) 17. AGE 18. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. 10. Industry or business in which work was done, as SIK MILL, puttined flushment work was done as SIK MILL, puttined flushment work was	I CONOR ON MARKED, WARKED, WIDOWED,	Z. DATE OF DEATH Z. 5
HUSSAND of Cord WIFE PARTIES AND OF CONTROL OF SHARING CONTROL OF SHAR		(Month) (Day) (Year)
8. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days IT LESS than 1 day,	HUSBANO OF KALL CO.	22. HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days II LESS than 1 day,	Marine 4 Hastings	DEC 15 , 19 34 , 19 Feb 5- 19 34
7. AGE Vears Months Days If LESS than 1 day	6. DATE OF BIRTH (month, day, and yeer) (Jug. 22/1847	I last saw harm alive on 7 ct 2 1994; death is said
S. Trade, profession, or particular sind of work done as SPINNER, SAWER, BOOKERSPER, etc.	The Lead than	to have occurred on the date stated above, at//_Am.
10. Result of work dome as SPINNER, SANVER BOOKKEFER, etc. 10. Industry or business in which work was done as SILK MILL, Puttered 11. Total time (years) spent in this occupation Other Centributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Specify 10. Specify 11. Specify 12. Specify 13. NAME 14. Specify 15. Manner of injury 15. Manner of injury 16. Specify 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. DURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER		Mete as tollows.
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTIPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. Accident, 1934 19. Accident, 1934 19. Where did injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury N	8. Trade, profession, or particular	Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTIPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. Accident, 1934 19. Accident, 1934 19. Where did injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury N	SAWYER, BOOKKEEPER, etc.	Brom cho Ineumonia 7661-34
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTIPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. Accident, 1934 19. Accident, 1934 19. Where did injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury N	work was dones in Which work was dones slik Mill,	
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12. BIRTHPLACE (city or town) (State or country) 13. NAME	Shellf Ill fill?	
(State or country) 13. NAME Ashua Aashua Aa	12 RIPTUPI ACE (city or town) / Mach.	Other Contributory Causes of Importance:
What test confirmed diagnosis? Wes there an autopsy? 20 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Date		200011
What test confirmed diagnosis? Wes there an autopsy? 20 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Date	13. NAME Johns Hahra Hastings	Jon 1514
What test confirmed diagnosis? Wes there an autopsy? 20 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Date	14. BIRTHPLACE (city or town)	Name of coeration none
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Date Date Hold Manner of injury 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. UNOERTAKER (Address) 10. UNOERTAKER (Address) 10. UNOERTAKER (Address) 10. UNOERTAKER (Address) 11. INFORMANT (Address) Date Hold Manner of injury 12. Was disease or injury In eny way related to occupation of deceased? 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury 19. UNOERTAKER (Address) 15. MAIOEN (Signed) (Signed) (Address) M. O. (Address) Comparison M. O. (Address)	(State or country)	0
16. BIRTHPLACE (city or town) 17. INFORMANT (Specify city or town, country and State) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Date (Address) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNOERTAKER (Address) Date (Address) (Signed) (Address) M. O. (Address) Cigned) M. O. (Address) Cigned) M. O. (Address) Cigned) M. O. (Address)	15. MAIDEN NAME SV. salette Harrell	The state of the s
(Specify city or town, country and State) 17. INFORMANT ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	16. BIRTHPLACE (city or town)	
17. INFORMANT (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place personal Date Hele 1, 1934 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 20. FILEO FILEO (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury In eny way related to occupation of deceased? 15 so, specify (Signed) (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Address) (Address)		
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Cressing a Date Held I. 7., 1934 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. FILEO Post 7., 1934 IV. Manufal (Signed) (Address)	17 INFORMANT MILE WORL G. Yerelt	(Specify city or town county and State)
Place Chistopal Date Hef. 1, 1934 Nature of injury 19. UNOERTAKER 1. C. 18 18 18 18 18 18 18 18 18 18 18 18 18		The state of the s
19. UNOERTAKER (Address) 24. Was disease or injury In eny way related to occupation of deceased? 15 so, specify (Signed) (Signed) (Address) 16. UNOERTAKER (Address) 17. UNOERTAKER (Address) 18. UNOERTAKER (Address) 19. UNOERTAKER (Address) (Address) 19. UNOERTAKER (Address) (Address) (Address)	7/14	Manner of injury
(Address) / Serlin (Man.) 20. FILEO Joseph 7, 1934 IV. Munifold (Signed) Ca Holland M. O. [Odf Registrar. (Address) Berlin M. O.	Place Chestapal Date Hat. 1, 1984	Nature of injury
20. FILEO Joseph 7, 1934 IV. Munfrel (Signed) Ca Holland M. O. [Odf Registrar. (Address) Berlin Ind.		
		(Signed) Ca Holland M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 02018
1. PLACE OF DEATH	108
County Warester	Registration Dist. No. 355
Village or City St. Martins	No. St Word
Length of residence in city or town where death occurred yrs. mo:	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foralgn birth?yrsmosds
- June	uq
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH 7 2 2 , 193 5 (Month) (Day) (Yaer)
HUSBAND OF COURT Holland	22. I HEREBY CERTIFY, That I attanded dacassed from 7 cb /2, 19 24, to 7 cb 23, 19 34
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Years Months Days If LESS than I day,hrs. Ormin.	I last saw h eliva on
N.S. Trade profession or continue	ware as follows: Lobor i neumonia Pale of gravet
Wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesad lest worked at this occupation (month and year) 11. Total time years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Muryland (Stata or country)	Other Contributory Causes of Importence:
13. NAME Walter Smallword	
13. NAME Watter Smallword 14. BIRTHPLACE (city or town) - Mary land (Stata or country)	Name of operation rome Data of What tast confirmed diagnosis? None Was there an autopsy? 20
15. MAIDEN NAME Caddie / Celley	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Iddie Kelley 16. BIRTHPLACE (city or town) - Mary land (State or cognity)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Carly Holland (Address) It was this	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Engreen Date Hut, 25, 1934	Manner of injury
19. UNDERTAKER 18 18 18 18 18 18 18 18 18 18 18 18 18	24. Was disaase or Injury in any way related to occupation of daceased? 20
20. FILED 2-24, 1934 Helen J. Sayward Registrat.	(Signed) Ca. Holland. M. D. (Addrass) Berlin md-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	É	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state CORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied.

FOR BINDING

V. S. No. 1 m

200		F MAR	YLAND-	CERTIFICATE OF DEATH	2019
1. PLACE OF D				CY CORPERSE BINITE OF	50.
CountyW_O_			WILL	Registration Dist. No.	
Village or City_	Pocomok	e_Gity	(If	No. St., death occurred in a horpital or institution, give its NAME instead of street and r	Ward
Length of residence	In city or town where d	leath occurred		ds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME	Ida Flor	ence Ja	ekson		
(a) Residence: I	No			St., Ward.	
PERSONAL	AND STATISTI	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	COLOR OR RACE White	S. SINGLE, MAR	RIED, WIDOWED, D (gerite the word)	21. DATE OF DEATH Pebruary 21st. (Month) (Day)	, 193 <u>4</u>
5a. If married, widowed, o HUSBAND of (or) WIFE of A.T	thur E.Ja	ckson		22. J. HEREBY CERTIFY That attended	deceased from
6. DATE OF BIRTH (mont			12th.1883		death Is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7 • 30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
50	5	9	ormin.	were as follows:	Oate of onset
8. Trade, profession, kind of work	or particular done, as SPINNER, KKEEPER, etc	ousewif	e	Deobelle Janger	Car / 25
9. Industry or busin	ess in which				
SAW MILL, BA	e, as SILK MILL, NK, etc	1			
O 10. Date deceased las	n (month and	11. Total t	ime (years) nt in this upation		
12. BIRTHPLACE (city or (State or country)	own) Worce	ster Co		Other Contributory Causes of Importance:	1945
置 13. NAME Joh				intertester &	
SE .	or town) Norce		unty	Name of operation Think Datrot. What test confirmed diagnosis? Last Was there an a	11-12z)
15. MAIDEN NAME 1	Tarriet Ti	mmons		23. If death was due to external causes (VIOLENCE) filt in also the following	
15. MAIDEN NAME 1 16. BIRTHPLACE (city (State or cour	or town) orces	ter Cou	inty	Accident, suicide, or homicide?	
17. INFORMANT 1 Tth		son v.larvl	and.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	ce,
18 BURIAL, PREMATION		Spate Fle	1. 25,1934	Manner of injury	
19. UNDERTAKER	une Po	Str	enson	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Feb. 2	3,1934 /	Im T	Registrar.	(Signed) Cutting (Address)	6 M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows: 1/4 3 1001	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis BLR ALL V. S.	(1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF

2. FULL NAM

5a./If marriad, widowe HUSBANO of (or) WIFE of

6. DATE OF BIRTH (

12. BIRTHPLACE (city or town). (State or country)

15. MAIOEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

10. Oate dacease this occup

13. NAME

17. INFORMANT (Addrass)

19. UNOERFAKER

(Addrass)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF	MARYLAND-	CERTIFICATE OF	DEATH	12020
PLACE OF DEATH		//9		
County Warrester	· · · · · · · · · · · · · · · · · · ·	Re	gistration Dist. No. 35	2
Village or City	and,	No. death occurred in a hospital or institution, give	9	Ward
Langth of rasidence in city or town whara death				
FULL NAME Preston	s Wm fr lines	· our		_11105
(a) Residence: No. / Burli	(Usual place of abode)	St., Ward.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PERSONAL AND STATISTICAL			nonresident give city or town	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTI	FICATE OF DEATH	
ale est.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3 -	, 193-7
marriad, widowed, or divorced HUSBANO of (or) WIFE of		9	RTIFY, That I attend	
ATE OF BIRTH (month, day, and year)	nt. 11. 1933	, 19 lest saw h alive on		
E Yaars Months	Days If LESS than	to have occurred on the date stated above	ı, atm.	
-54	3×24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and were as follows:	related causes of importence	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Thou had	10 Met	Oate of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		for this	Child	
O. Oate daceased last worked at this occupation (month and yaar)	11. Total time (years) spent in this	Insmeld suy	Collate	Z-

Other Contributory Causes of importance: Name of operation What tast confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Oate of injury_____ 19 Where did injury occur?____. (Specify city or town, county and State)
Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Natura of Injury 24. Was disaase or injury In any way ralatad to occupation of decaasad? If so, specify Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02021
1. PLACE OF DEATH	102
County Woscister 1/	Registration Dist. No. 35/
Village or City Mar Duow Full	No.
Length of residence in city or John where death conversed	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME POURT Potuson	,
(a) Residence: No. Jurantus M. R. & (Usual place of abode)	/St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mil negro OR DIVORCED (write the word)	Ilo 24 1934
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. July 327 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 19 33	I last saw h. Luc alive on The My
7. AGE Years Months Days If LESS than	I last saw h alive on
9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of importance
8 Yeards - assertion - 1: . /	were as follows:
SAWYER, BDDKKEEPER, etc.	Brouchs Ducumous 7/10/21
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	Collowed a congas certia
year) spent in this occupation	VO
12. BIRTHPLACE (city or town) Tiralline Mr. Ann Arth	Other Contributory Causes of Importance:
(State or country)	
13. NAME frome Johnson	
14. BIRTHPLACE (city or town) Furultu	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy? Ploc.
15. MAIDEN NAME Nuttie It ayrord 16. BIRTHPLACE (city or town) Licality	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Leadily (State or country)	Accident, suicide, or homicide? Data of Injury, 19
	Where did injury occur? (Specify eily or town, county and State)
17. INFORMANT Thurs There	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Lef.
Place Vol Derug Date Lile 26 , 19 34	Manner of injury
19. UNDERTAKER USUS Williams	
(Address) Survitud. My	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED 2/26 1934 LE Low Swith	(Signed) Duly M.D.
Registrar.	(Andress) Duny Hill: 1 mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ä

of OCCUPA.

1	. PLACE OF DEATH	MARTLANI		CERTIFICATE OF DEATH 02022
	county Nance	steri		Registration Dist. No.
	Village or City	wolset	ei	LyNo. St. Ward
	Length of residence in city or town where de	eath occurredyrs	(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2	FULL NAME To the	u los	12	
	(a) Residence: No.		-	St., Ward.
		(Usual place of abode)		If nonresident give city or town and State
	PERSONAL AND STATISTIC	CAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3. S	The tolor or pace	5. SINGLE, MARRIED, WIDOW OR DIVORCED Corice the wo		21. DATE OF DEATH Of 18 193 #
5a.	If married, widowed, or divorced HUSBAND of	, , , , , ,		(Month) (Day) (Year)
	(or) WIFE of			22. HEREBY CERTIFY, Thet I attended deceased from
6. D	PATE OF BIRTH (month, day, and year)	183	56	1 last and h and alive on
7. A		Days If LESS t	than	to have occurred on the data stated above, at 10.000 m.
a	bout 78 -	1 day,		The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
NO	Trada, profassion, or particular kind of work done, as SPINNER,	share s	/	wer was dead on Date of onest
OCCUPATION	9. Industry or businass in which			my arrival from
CE	work was done, as SILK MILL, SAW MILL, BANK, atc			he portable foll
8	10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation		some heart condition
	7/206	ands		Other Contributory Causes of importance:
12.	(State or country)	191111		That Causes his deaths
2	13. NAME	O+ Kien	15	
FATHER	14 PIPTUPI ACE (site on Assert)	~ · · · · ·		Name of an about
FA	14. BIRTHPLACE (city or town)	· · · · · · · · · · · · · · · · · · ·		Neme of operation
ER	15. MAIDEN NAME	<i>U1</i>		23. If death was due to external causes (VIQLENCE) fill in also the following:
OTHER	16. BIRTHPLACE (city or town)	01		Accident, suicide, or homicide?
Z]	(State or country)	k /		Where did injury occur?
17,1	NFORMANT			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
19 1	(Address) Burial, Cremation, or Memoval			
74	els Hill Cerre	Pate Hel. 12 10	34	Manner of injury
-	nt &	1) 1		Nature of injury
19.	UNDERTAKER PROCESS	sureus	uel	24. Was disease or injury in any way related to occupation of deceased?
20. 6	FILED Fab. 12, 1924 John	- TRIE		(Signed) All arker M. D.
		Registr		(Address) Locamorthe City; Will.
	If more bi	anks are needed, address State Reg	gistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

2669636363

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	· i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGALL V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

á	3.	6 "	8	1	43	d	7
ŧ.	Ţ	6	ŧ	Ŧ	2	r	1

1. PLACE OF DEATH	•		(82-01)	,	
County Worcester			Registration Dist. No. 3.57		
Village or City Stockton	4		NoSt.,	Ward	
Length of residence in city or town where deat	h occurred		death occurred in a hospital or institution, give its NAME instead of street and no death of the long in U.S. if of foreign birth?		
			5		
2. FULL NAME Sarah B. J.					
(a) Residence: No. DUOCK	(Usual place of	of abode)	St., Ward. If nonresident give city or town and S	State	
PERSONAL AND STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. Female White		RIED, WIDOWED, (ragnite the word)	21. DATE OF DEATH Stockton February 14th. (Month) (Day)	1934 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Edward J	ones		22. Tel HEREBY CERTIFY That I attended d	eceased from	
		+1- 1007		, 19.3.4	
6. DATE OF BIRTH (month, day, and year) NOVE 7. AGE Years Months	Days	th.1861.	to have occurred on the date stated above. a8 . 15A . m	death is said	
72 3	5	1 day,hrs,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Z S. Trade, profession, or particular	. 0			Date of onset	
kind of work done, as SPINNER, HOU SAWYER, BOOKKEEPER, etc. HOU	sewlie		f 1 1 1 2 f	A	
kind of work done, as SPINNER, HOU SAWYER, BOOKKEEPER, etc. HOU Pointdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and)		Telephone Indian	lecebral Hemorshage	1/2 tre	
10. Date deceased last worked at 13 this occupation (month and 1834.	spen	ne (years) tin this life pation	f		
12. BIRTHPLACE (city or town) Stockto (State or country) Paryland	n		Other Contributory Causes of Importance:		
	an				
14. BIRTHPLACE (city or town) Worces		inty	Name of operation Date of		
(State of country)	yland.		What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Elizabeth B			23. If death was due to external causes (VIOLENCE) fill in also the following:	8 3.	
15. MAIDEN NAME Elizabeth B. 16. BIRTHPLACE (city or town) Somers (State or country) Naryl		nty	Accident, suicide, or homicide?		
17. INFORMANT Russell C. Jon (Address) Stockton, Varyl	es		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE. ∠	
18. BURIAL CREMATION, ON REMOVAL ary Place Stockton, Md.	Date Feb.	16th 1934	Manner of Injury		
19. UNDERTAKER VENUOUS, (Address) O COMO ke City,	Varyla	nd	24. Was disease or injury in any way related to occupation of deceased?	10.	
		Registrar.	(Signed) Later State Md. (Address) Stateston Md.	. м. D.	
If more blan	nks are needed, a	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

Village or City FO.COMORE City No.	SIAIL 1. PLACE OF DEATH	OF MAR	YLAND-	-CERTIFICATE OF DEATH 02029
Village or City Pocomoke City (If desh occurred in a hospital or institution, aver is NAME instead of street and number) Langth of residence in city or town where death occurred			WITHIN GOAP	
(a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Re	Village or City_Pocomo		(1	NoSt.,Walls death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DYNGRED (write the word) AR DATE OF DEATH POCOMORE. City. Tebruary. 25th. 193.4 (Wonth) (Day) (Pear I HEREBY CERTIFY) That I attended deceased to have on the date stated above, et. 4. 4.5.4.m. 10. DATE OF BIRTH (month, day, and year) June 8th. 1903 11 ALS awh. — alive on the date stated above, et. 4. 4.5.4.m. 11 A FARRIPIAL CAUSE OF DEATH and related causes of importance work was done, as SILK MILL, SAW MILL, SAK,				syrsmus
Personal and Statistical Particulars S. Single, Married, wildowed, or divorced Husbando Ar byogree (write the word) Ar by green (write			411	St Ward
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, AR DYGREED (winic the world) 1. Married, widowed, or divorced HUSBAND What I attended deceased (Day) 1. MARIE OF BIRTH (month, day, and year) June 8th. 1903. 1. AGE Vears Months Days If LESS than Iday				If nonresident give city or town and State
Temale White National				
1. If married, widowed, or divorced HUSBAND of Corn wife of LOWARD Keenan DATE OF BIRTH (month, day, and year) June 8th. 1903. AGE Years Months Days If LESS than 1 day, hrs. 8 17 or min. 8. Trade, profession, or particular kind of work dome, as SPINNER. HOUSEWIFE SAWYER, BOOKKEFER, etc. 9, Industry or business in which work was done, as SPINNER. HOUSEWIFE SAWYER, BOOKKEFER, etc. 9, Industry or business in which work was done, as SPINNER. HOUSEWIFE SAWYER, BOOKKEFER, etc. 10, Date deceased last worked at this occupation (month and year) June 10, Date of Country Office occupation (month and year) June 11. Total time (years) special or country) 1. Total time (years) special or country) 1. Total time (years) 2. Sinther occupation (month and year) 2. Sinther occupation (year) 2. Total time (years) 2.	Female White		D (write the word)	Focomoke City. February 25th. 193 4
DATE OF BIRTH (month, day, and year) June 8th.1903. AGE Years Months Days ITLESS than 1 day,	If married, widowed, or divorced HUSBAND of Laward Ke	enan		
Balance profession, or particular kind of work done, as SPINNER. Housewife SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIN MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) Laryland 13. NAME Levin J. Webb 14. BIRTHPLACE (city or town). Orcester County (State or country) Laryland. 15. MAIDEN NAME Yodest Pusey 16. BIRTHPLACE (city or town). Orcester on the following: 16. BIRTHPLACE (city or town). Orcester on ty (State or country) Laryland. 17. INFORMANT Advard Leenan (Address) Ocomoke City, laryland. 18. BURIAL CREMATION, or REMOVAL Place Ocomoke City, laryland. 19. Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury N				I last saw here alive on Ref 254, 192K; death is s
Salinade, profession, or particular kind of work done, as SPINNER. Housewife SAWER, BOOKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 13. NAME Levin J. Webb 14. BIRTHPLACE (city or town). LOCOMOKE City, (State or country) 15. MAIDEN NAME LOCATE PUSCY 16. BIRTHPLACE (city or town). LOCOMOKE City, (State or country) 16. BIRTHPLACE (city or town). LOCOMOKE City, (State or country) 17. INFORMANT LOCATE PUSCY 18. BIRTHPLACE (city or town). LOCOMOKE City, (State or country) 18. Webb 19. MAIDEN NAME LOCATE PUSCY 19. Maiden was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury. Nature of injury. Nature of injury. Nature of injury. Nature of injury. 24. Was disease or injury in now way rejated to occupation of deceased?			1 day,hrs.	The PRINCIPAL CALISE OF DEATH and related causes of importance
BIRTHPLACE (city or town) LOCOMOKE City, (State or country) Laryland 13. NAME Levin J. Webb 14. BIRTHPLACE (city or town) LOCCESTER County Whet test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME LOCESTER County City or town) Orcester County Accident, sulcide, or homicide? Date of injury 19. (State or country) Laryland Where dld Injury occur? (State or country) Laryland Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury Nature of injury 24. Was disease or injury In my way related to occupation of deceased?	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total t	ime (years) nt in this	Proposition (Course)
15. MAIDEN NAME Vodest Pusey 16. BIRTHPLACE (city or town). Orcester ounty (State or country) laryland 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury Where dld Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. BURIAL CREMATION OR REMOVAL Place o comoke City, laryland. Manner of injury Nature of injury Nature of injury 1. UNDERTAKER			2	Other Contribudry Causes of importance:
(State or country) 15. MAIDEN NAME l'Odest Pusey 16. BIRTHPLACE (city or town). Orcester ounty (State or country) 17. MAIDEN NAME l'Odest Pusey 18. MAIDEN NAME l'Odest Pusey 19. Marcident, sulcide, or homicide? 19. Mere did Injury occurred. 19. Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Manner of injury 19. Manner	13. NAME Levin J. Web	b		
16. BIRTHPLACE (city or town) Orcester Ounty (State or country) laryland Where dld Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. BURIAL, CREMATION, OR REMOVAL Place o como ke City, laryland. Manner of injury Nature of injury Nature of injury Nature of injury 24. Was disease or injury in my way related to occupation of deceased?	(State of country)	aryland.	unty	1 de tartes
(Specify city or town, county and State) INFORMANT AWARD FEED SPECIFY whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OCOMOKE City laryland. BURIAL, CREMATION, OR REMOVAL Place OCOMOKE City Date Feb. 27th 1934 UNDERTAKER ALMOUL 24. Was disease or injury in my way related to occupation of deceased?	15. MAIDEN NAME l'odest	Pusey		23. If death was due to externel causes (VIOLENCE) fill in also the following:
INFORMANT AWARD FEED Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OCOMOKE City laryland. BURIAL CREMATION OR REMOVAL Place OCOMOKE City Date Tob 27th 1934 Nature of injury Nature of injury 24. Was disease or injury in my way related to occupation of deceased?			inty	Where did Injury occur?
Place o como ke City of Date 7 eb - 27 th - 19 34 Nature of injury Nature of injury 24. Was disease or injury in my way related to occupation of deceased?	(Address) ocomoke C		nd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
. UNDERTAKER LESSON Way related to occupation of deceased?	18. BURIAL, CREMATION, OR REMOVAL			Manner of injury
	Place ocomoke City	Date Teb	27-th-1934	Nature of injury
(Address) ocomoke City leryland If so, specify L	(444)	Duve	LISTA	
FILED Feb 25, 1934. John 7 Rely (Signed) (Address) actorics	7 ocomoke	from 7	and Party	(Signed) actorius,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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1 PLACE OF DEATH COUNTY OF WALLEY MAGISTERIAL DISTRICT OF	СОММО	FICATE OF DEATH NWEALTH OF VIRGINA DEPARTMENT OF HEALTH REAU OF VITAL STATISTICS	yland
INC. TOWN OF TOWN OF CITY OF C	(No	N DISTRICT NO. REGISTERED NO. 3 (TO BE INSERTED BY REGISTRAR) (FOR USE of Structure of St	OF LOCAL REGIST
Length of residence in city or town where death occurred.			mo6
(A) RESIDENCE. No.		ST., WARD (If nonresident give city or	r town and Star
(Usual place of abode)	LADO	MEDICAL CERTIFICATE OF DEA	
PERSONAL AND STATISTICAL PARTICU 3. SEX 4. COLOR OR RACE 5. SINGLE, M		21. DATE OF DEATH	17
nal white modern	CED (write the word)	22. HEREBY CERTIFY, THAT LATTI	ENDED DECEASED
5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawre	Hancock	I LAST SAW HALL ALIVE ON JULY 1	34, DENTH 15
6. DATE OF BIRTH (month, day, and year) May 7. AGE Years Months Days 124	IF LESS THAN 1 DAY, HRS.	TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSE ORDER OF ONSET WERE AS FOLLOWS:	
Z KIND OF WORK DONE, AS SPINNER,			
SAWYER, BOOKKEEPER, ETC. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. DO DATE DECEASED LAST WORKED AT 11. TOTAL TOTAL THIS OCCUPATION (MONTH and SPENT)		CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED T	0
SAWYER, BOOKKEEPER, ETC	IN THIS	CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED T	
SAWYER, BOOKKEEPER, ETC. J. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. THIS OCCUPATION (month and spent I spent I occupated to the s	IN THIS	CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED T PRINCIPAL CAUSE: NAME OF OPERATION DA	ATE OF
SAWYER, BOOKKEEPER, ETC. 3 INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. 12 DATE DECEASED LAST WORKED AT 11. TOTAL TITLES OCCUPATION (month and spent is occupant). 12. BIRTHPLACE (city or town) Silve (State or country).	IN THIS	CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED T PRINCIPAL CAUSE: NAME OF OPERATION DA WHAT TEST CONFIRMED DIAGNOSIS WAS THE 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE	TE OF
SAWYER, BOOKKEEPER, ETC. 3 INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. 12 DATE DECEASED LAST WORKED AT 11. TOTAL THIS OCCUPATION (month and spent I year). 12. BIRTHPLACE (city or town) Silvey (State or country) 13. NAME Column Lang 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Country	Roman C.	CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED T PRINCIPAL CAUSE: NAME OF OPERATION DAWNERS OF IMPORTANCE NOT RELATED T PRINCIPAL CAUSES OF IMPORTANCE NOT RELATED T PRINCIPAL CAUSES (VIOLENCE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF ACCIDENT, SUICIDE, OR HOMICIDE? INVERY	ERE AN AUTOPSY:
SAWYER, BOOKKEPPER, ETC. 3 INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. 12 DATE DECEASED LAST WORKED AT 11. TOTAL TOTAL THIS OCCUPATION (Month and vear) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Roman C.	CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED T PRINCIPAL CAUSE: NAME OF OPERATION WHAT TEST CONFIRMED DIAGNOSISM WAS THI 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE?	ERE AN AUTOPSYSTEE) FILL IN ALSO
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SAWYER, BOOKKEEPER, ETC. 3. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. 12. DATE DECEASED LAST WORKED AT 11. TOTAL THIS OCCUPATION (Injointh and SPENT 1 OCCUPATION) 12. BIRTHPLACE (city or town) 13. NAME Column Lange 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME Country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT May In Bayling (Address) 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER 19. UNDERTAKER	Roman C.	CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED T PRINCIPAL CAUSE: NAME OF OFERATION WHAT TEST CONFIRMED DIAGNOSISM WHAT TEST CONFIRMED DIAGNOSISM OF ACCIDENT, SUICIDE, OR HOMICIDE? WHERE DID INJURY OCCUR? (Specify city or town, coursely whether injury occurred in industry, in place. MANNER OF INJURY NATURE OF INJURY	ERE AN AUTOPSYSTEE) FILL IN ALSO 1. Inty, and State HOME, OR IN P
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Date of enset

-				-		- D-OCM
ore	blanks are needed.	address State	Registrar 2417	N Charles	Street Rallimore	Requesting 91 C No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city of town where death occurred ds. How long in U.S. if of foreign birth? yrs. _____mos. ____ds. (a) Residence: Np. Ward. (Usual place of abode) If nonresident give city or lown and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDDWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or HUSBAND of (or) WIFE of CERTIFY. 6. DATE OF BIRTH (month, day, and year) 7. AGE Mon Davs If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... may 1D. Date deceased last worked a 11. Total time (years) this oscupation (month a spent in this occupation 69 instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation ... (State or country) carefully What test confirmed diagnosis? 4 MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIDL ENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of Injury______, 19 (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	REC	P	Exact	
INDING	RMANENT 1	XACTLY.	classified. I	
FUK B	IS A PE	stated E	properly	certificate
1	HIS	pe	pe	Jo
IARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. Pl	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
5. 1	-WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import

County Worcester						Registration Dist. No.		
	Village or City Pocomoke City (If Length of residence in city or town where death occurred yrs mos					NoSt.,	Ward	
						death occurred in a horpital or institution, give its NAME instead of street and		
	FULL NA							
2.			TITT AL . LA	GTSOIL		Oh Ward		
	(a) Residence: No. (Usual place of abode)			(Usual place	of abode)	St., Ward. If nonresident give city or town ar	d State	
	PERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. Si	le.		or RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) A deMarrie	21. DATE OF DEATH Pocomoke City February 3rd. (Month) (Day)	., 1934 • (Year)	
5a. I	f married, widow HUSBAND of (or) WIFE of			Nelson		1 HEREBY CERTIFY, That I attende		
6 D	ATE OF BIRTH	(month day	and year) S	ept.10tl	1.1873.	in TANUARY TANGE	.; death is said	
7. A			Months	Days	If LESS than	to have occurred on the date stated above, e7 . 35 Pm.		
10	6		4	24	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
S	Trade, profe	ssion, or pari	S SPINNER,	ongshor	ema.n	CEREBRAL HEMPROHATE,	1924	
OCCUPATION	9. Industry or work wa		which I	M.Steam		Chao Mie Intraot VAI NEPURIT	3	
000	10. Dete deceas this occu		ed at Tow	spe	ime (years) nt in this upation			
12.	BIRTHPLACE (ci			ster Cou	nty	Other Contributory Causes of importance: ASCIXES - A & DOMINAL-	JAN 192	
2	13. NAME	ohn I	elson	**************************************		EDEMA Of TOWER limbs	JAN . 19	
FATHER		(city or tow	m) Word	ester C	ounty	Name of operation Date of	~	
2	15. MAIOEN NA		ne Fler		1101	What test confirmed diagnosis?		
PROF "	16. BIRTHPLACE		n) Norce	ester Co	unty	23. If death was due to external causes (VIOLENCE) fill in elso the followl Accident, suicide, or homicide? Date of injury Where did injury occur?	A. I.	
	(Address) (comol	ph Bal	lard v Naryla	nd	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC F	ate) LACE.	
18.	BURIAL, CREMAT		ewetar City	Quate Feb.	6th.,1934	Manner of Injury		
19.	UNDERTAKER	erus	melix	Stive V. Varyla	uson nd.	24. Was disease or injury in any way related to occupation of deceased?	NO	
	(Address)	o Como.	VC OTO	y 9 1 Con y 1 C				

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 3002029
1. PLACE OF DEATH			Similar Ma(III)
County Norcester		WITHIN 30	Registration Dist. No.
Village or City_Pacamoke	City		No. St., Ward
Length of residence in city or town where d	eath occurred	(li	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME James Al			
(a) Residence: No.		0100	C4 Ward
	(Usual place o		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH Focomoke City Feb. 8th., 194 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Pie	erce		22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Se7	+ 10+h	1869.	I last saw have elive on A 7 (L) 192 & deeth is seld
7. AGE Years Months	Deys	If LESS than	to have occurred on the date stated above, et 2.30 Am
64 4	20	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular			De Sunch to Reck
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	irniture	dealer	I lewing Bodaya
work wes done, as SILK MILL, SAW MILL, BANK, etc			
10. Dete deceased last worked at this occupation (month end year)	11. Total tin spen occup	ne (years) t in this petion	
12. BIRTHPLACE (city or town) Frederi	ca		Other Contributory Causes of importance:
	ware		Drucheel att
13. NAME James A. Piero			a 3 alack, on 2 4 3 duys
EL 14. DINTAFLAGE (CILY OF LOWIT)	ent Cou	nty	Name of operation
15. MAIDEN NAME Elizabeth	Pritche	tt	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Lent (Stete or country) Delay	County		Accident, suicide, or homicide?
17. INFORMANT Mrs. Fannie F: (Address) Pocomoke Cit;		ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Bloomery temetary Place aro vine CO 14d	pate Feb.]		Menner of injury
19. UNDERTAKER VERLOW P.	Steve	ustil	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Tel 10, 1994	aryla	Rices	(Signed) artorus MD
20. FILED	June!	Registrar.	(Address) The person C. The

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rogdesting V. S. No. 1.

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BUREAU V. S.	1 5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

N. B.-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9:0
County Warcister	Registration Dist. No. 357
Village or City Neor Syaw Hill W	ONO. St Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
711 11 + 1+	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME W/m Af I WW	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write-life word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY—Wat Lattended dacaasad from
1 00 1000	1989 10 1934
6. DATE OF BIRTH (month, day, and year) flan 9 1864	i last saw h alive on 19 ; death is said
7. AGE Yaars Month Days If LESS than 1 day,	to have occurred on the data stated abova, atm.
/ O C 7 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work dona, as SPINNER,	f. May
SAWYER, BOOKKEEPER, etc.	Clincular Vabrillation of the
work was done, as SILK MILL, SAW MILL, BANK, atc	· · · · · · · · · · · · · · · · · · ·
Kind of work dona, as SPINNER, Awyer, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last workad at this occupation (month and 1933 spent in this occupation.	
12. BIRTHPLACE (city or town) New Snow Hill hy	Other Contributory Causes of importance:
(Stata or country)	Tohmic Howeardiles Unka
13. NAME Joshua Puts	
14. BIRTHPLACE (city or town) S Now Helf Welf.	Name of operation Data of Data
(State of country)	What test confirmed diagnosis? Columned Was there an autoph?
15. MAIDEN NAME Callerines unknown	23. if death was due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Catterines unknown 16. BIRTHPLACE (city or town) Berlin M. (State or country)	Accidant, suicide, or homicide?
17. INFORMANT MANCY & PILO (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place mt Wesley amonta Tel 20 19	Mannar of Injury
near Snaw Hell My 20	Natura of injury
19. UNDERTAKER CLAS OF HIRMAN (Addiass) Svery fill was	24. Was disease or injury in any-way ralated to occupation of dacaasad?
20. FILED 2/20, 1934 REROY Secreth	(Signed) M. D. (Address) From Will M. D.
	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

re blanks are needed, dddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

V. S. No.

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Evample II

Example 1	il	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE C	OF MARYL	AND-CERTIFICATE	OF DEATH

02	1)	3	2
04	V	0	-

1. PLACE (OF DEATH			(159)			
County	Wereester		within o	195405710 011111 04	Registration Dist. No.	-3-3	, 0
Village or	CityPocomoke (City		No death occurred in a hospital or instit		42	Ward
Length of re	esidence in city or town where	death occurred			of foreign birth?yrs.		
2. FULL N	AME	Pr	uitt m	Ind Elistoth			
(a) Reside		(Usual place	of shode)	St., Ovard.	If nonresident give city o	or town and	
PERSO	NAL AND STATIST		-	MEDICAL C	ERTIFICATE OF D		
3. SEX Female	4. COLOR OR RACE White		RIED, WIDOWED, (write the word)	21. DATE OF DEATH	Feb.23, 1934		193_ (Year)
5a. If married, wide HUSBAND of	owed, or divorced						
(or) WIFE of					Y CERTIFY, That		
C DATE OF BIRTH	(month, day, and year)	eb. 23,	1934.	1 last saw h alive on	., 19, to		
	ears Months	Oays	If LESS than 1 day, hrs. ormin.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA	ed above, atm.		, death is said
8. Trade, prof	fession, or particular		, VI Bill.		hen I first	saw	Date of onset
SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc			it.			
NOOL Kind of SAWYE 9. Industry of work w SAW M 10. Date deces	business in which vas done, as SILK MILL, ILL, BANK, etc			Baby was ab	out a 7 mos,		
10. Date deces	ased last worked at	11. Total ti	ime (years)	child.			
1113 000	cupation (month and	sper	nt in this		over)		
12. BIRTHPLACE (Other Contributory Causes of Imp	ortance:		0700700000
(State or co	Fred Pruit	+	1.480				
13. NAME 14. BIRTHPLAC			353				
14. BIRTHPLAC	CE (city or town) Klej	Grange,	Ma.	Name of operation		. Oate of	
(State	or country) AME Mabel Phi	Tata day		What test confirmed diagnosis?	Wa	s there an au	topsy?
			MA	23. If death was due to external ca	Account to the second		
O 16. BIRTHPLAC	CE (city or town) Gird.	1001 60,	w.d.	Accident, suicide, or homicide? Where did injury occur?		шгу	, 19
	rs. C. A. P Pocomoke Ci	hillips,		Specify whether Injury occurred	(Specify city or town, cou	nty and State PUBLIC PLA	CE.
18. BURIAL, CREMA	ATION, OR REMOVAL, M.	E. Com	Jag	Manner of injury			
Place	mour tie	L Date Fr	6 =-3,19 5	Nature of injury			
19. UNOERTAKER	Clarence /	hillys	The chi	24. Was disease or injury in any			
20. FILEO F	4.23 ,024	John J	Peley	(Signed)	aparken	/	M. D.
ZU. FILEU.	, 19	6	Registrar,	(Address) Poco	moke City, N	Id.	

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Cerebral hemorrhage	July 5,1927	Peritonitis,	3 days ago
PHOPALI V.S.		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
This child was delivered at the Eastern Shore State Hospital and the
grand parents were told to bring the baby home, it being about a 7 mos.
baby and would probably not live to get home. The baby died about one
hour after the family arrived home with the child and was dead when I
first saw it.

V. S. No. 1 Ä should state

STATE OF MARYLAND	CERTIFICATE OF DEATH 02033
1. PLACE OF DEATH COUNTY Worcesty Co	186-2
oounty	Registration Dist. No. 35 ²
Village or City hear Berlin	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Ellew Turnel	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED. (wpite the word)	21. DATE OF DEATH 2 20 193 4
6. It marriad, widowed or divorced	(Month) (Day) (Yéar)
HUSBAND OF Priar Rusuell	2/10/34, 19, to 2/20/34, 19
6. DATE OF BIRTH (month, day, and year) When the	10 5 19 10 10 19 19 19 19 19
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 10 Gem.
about 85 grs. 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
8 Trada, protassion, or particular kind of work done, as SPINNER, House Bueper	Fracture of Hy: Date of one of 1419134
SAWYER, BOOKKEEPER, atc.	Due to an Secidental fall.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/
O 10. Date deceased last worked at 11. Total time (vaers)	Falls on seel. Cweg
this occupation (month and spent in this occupation	
Snow Hill	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Steta or country)	· numure
13. NAME Tuknown.	
14. BIRTHPLACE (city or town)	Name of operation Data ot
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Prissie Shence	23. It daath was due to external ceusas (VIOL ENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide or homicides . Accident Date of Injury 2 - 11,193.4
(State or country) Warrenter Co.	Whare did Injury occur? at her Hame
17 INFORMANT Hester Hrankling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 77 VST luckolus an herr forte.	Ot home.
18. BURIAL, CREMATION, OR REMOVAL getter	Mannar of Injury Occidental fall,
Place I Ulas benelle port 1. 23, 1934	Nature of injury Fracture of hip.
19. UNDERTAKER J. W. Buchnez.	24. Was disaase or Injury In any way related to occupation of decaased? ???
20. FILED Fort 23 1934 & William Love	(Signed) 3 adoh P) times M.D.
Registrar.	(Addrass) Berlin med
If more blanks are needed, addresh State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
mional V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02034
1. PLACE OF DEATH	920
County Worcester	Registration Dist. No. 35/
Village or City Linou Vill	NoSt.,Ward
47/ M	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred D. yrsmos	ds. How long in U. S. if of foreign birth?
2. FULL NAME Thomas Malheur (Turnell
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAD CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the good)	21. DATE OF DEATH
Male White midning	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary 6- Turnell	22. I HAREBY CERTIFY That I dtend on daceased from
10 1867	Hast say h 12 affive on F. W. 7 139: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days, If LESS than	730
17 /2 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Frada, profession, or particular	wera as follows:
SAWYER, BOOKKEEPER, etc. Detreet Hotel Keeper	Week Glation of Steart 2/8/20
4 9. Industry or business in which	10,00
work was done, as SILK MILL, Own Holef	
11. Total time (years) this occupation (month and)	
year) Occupation TO MA	Other Confributor Causes of importance
12. BIRTHPLACE (city or town) Grow Hull	Obigina and
(State or country) May land	atthogolewas.
13. NAME Semuel B. Frimell	Mitaster são almarlas plulas
13. NAME Sternell B. Frimell 14. BIRTHPLACE (city or town). What Alexanders are the state of the	Name of operation
(State or country) Maylonely	What test confirmed diagnosis leneal Was there an au'opsy 20
15. MAIDEN NAME aniel aniel	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Annel Onnel	Accidant, suicide, or homicide? Date of Injury 19
E (State or country) // ayland.	Whera did injury occur?
17. INFORMANT Garl Fromley)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE,
(Address now bell too	
18. BURIA), CREMATION, OR REMOVAL	Menner of injury
Saccery to four Blow The 11. 1934	Nature of injury
19. UNDERTAKER Clarice Themis /	24. Was disease or injury in any year related to occupation of deceased?
(Address) And Mill Mill	If so, specify
10 34 8 P. S. 141	(Signed) Alvaesefe M.D.
20. FILED 91 0 1934 DELLE Registrar.	(Ardyess) Snow Nill Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02035
1. PLACE OF DEATH	
County Warryster	Registration Dist. No. 347
Village or City Now / Vill	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) Line How long in U.S. if of foreign birth?
Ω	M now long in 0.3, ii of foreign bitting
2. FULL NAME Steorge Parker	Villey
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white Willawer	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY Wat I attended deceased from
M. Wywww sury	Jenus 3, 10 Herriary 5, 184
DATE OF BIRTH (month, day, and year) fully 6 1866	That saw harm _ silve on 2 - 2 death is said
AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated abova, at 7 2 4 2 12 m.
76 6 24 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Alex Freumania. 2.1.54
9. Industry or business in which work was dona, as SILK MILL.	There processes and the second
SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and 6 0 spent in this occupation. 6 0	
was poster Ca.	Other Coutributory Causes of importanca:
(State or country) (State or country)	
13. NAME Unaharan	
LA DIDTUDI ACT (six and analy)	Name of operation Oate of
(14, BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Chrucal Was there an autopsold
15. MAIDEN NAME Catherine Rechails	23. If death was due to external causas (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Oata of Injury, 19
(State or country)	Whare did injury occur?
7. INFORMANT Alfred Jaya Selfy (Address)	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVED THE	Manner of injury
Place II. 6 Cemiling Date Test 1, 1934	Natura of injury
9. UNDERTAKER 1 14 Spirkage (Address)	24. Was diseasa or injury in any way related to occupation of deceasad?
1207 311 De PO 111	(Signed Lange M. Lines, M. O.
0. FILED 4 Registrar.	(Addrass) Willards Mb.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 02036
1. PLACE OF DEATH			Tra)
County Norcester			Registration Dist. No.
Village or City Goodwill			No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	eath occurred		s ds. How long in U.S. if of foreign birth?
2. FULL NAME Sallie F	Shay		
(a) Residence: No. Goodwil			St., Ward.
PERSONAL AND STATISTI	(Usual place		ff nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAR OR DIVORCE	RfED, WIDOWED, D (write the word)	21. DATE OF DEATH February 2nd. 193 4
5e, If merried, widowed, or divorced	I CLII	Teu	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of Thomas Sha	J		22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) AUS	nist 9th	1857	I last saw has alive on a saw 193 W deeth is said
7. AGE Yeers Months	Days	If LESS then	to have occurred on the dete stated ebove, at 9 • OOA m.
76 5	24	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or perticular kind of work done, as SPINNER,	T7 - == -		Date of onset
SAWYER, BOOKKEEPER, etc.	Housew	116	more molandity
work wes done, es SILK MILL, SAW MILL, BANK, etc	*		ane 21.K
10-Dete deceased last worked at this occupetion (month end year)	A spei	ime (yeers) nt in this <u>Life</u> upetion <u>Life</u>	
12. BIRTHPLACE (city or town) ACCOMA (State or country) Virg	c Count	У	Other Coatributary Causes of importance:
13. NAME Shepherd Bunti			Ween is Storage
14. BIRTHPLACE (city or town)A.C.C.Q.D.	nac Cour	ıty	Neme of operation Dete of
(State or country) Virgo	ginia		What test confirmed diegnosis?
16. BIRTHPLACE (city or town) A.C.C.O.II	ac Coun	ıty	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Virgin	lla.		Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Thomas Shay (Address) Pocomoke Čit	y.Maryl	and.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
as Burial, Cremation, or REMOVAL Saptist Cemetary Plect ocomo Re-City. F.			Manner of injury
19. UNDERTAKER PERMONERS OF THE	were	sort	24. Wes disease or injury in eny way related to occupation of deceased? If so, specify
20. FILED Feb. 3, 1954	hm 7/	Registrar.	(Signed) M. D. (Address) A. C. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Battimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li li	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02037
1. PLACE OF DEATH	108
County wor eister	Registration Dist. No. 355
Village or City Berlin Md . RD.	NoSt,Ward
(If Length of residence in city or town where death occurredyrsnos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME James E. Tho	Cas Al
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (waite the word) Wildred OR DIVORCED (waite the word)	21. DATE OF DEATH Jel 2 , 193 4 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Hellie mary Thomas	22. THEREBY CERTIFY. That I attended deceased from 7. 17. 1984 to 7. 184
6. DATE OF BIRTH (month, day, and year) Feb. 4-1846	t last saw h ative on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/20 37 m.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Garmer SAWYER, BOOKKEEPER, etc.	Labor 1 neumonia 7ch17-34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (manth and	
this occupation (manth and spent in this occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country) (secondar Vo.	• /
14. BIRTHPLACE (city or town)	
14. BIRTHPEACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CINCLES OF ONLY OF 16. BIRTHPLACE (city or town)	23. If death was due to externat causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs Mas Parsers	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 33 N At Danva Da. 18. BURIAL, CREMATION, OP, REMOVAL /	Menner of injury
Place Suchnighan Date 9'14, 26, 1934	Nature of injury
19. UNDERTAKER MAS Myasker Wasser (Address) Sulleguille Vis	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 2 2 4 1934 Helen J. Hayward Registrar.	(Signed) Catholland M.D. (Address) Berlin M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORFAU V S	#		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	very item o	ANS should	of of OC	
	ECORD. E	PHYSICI	act staten	1
DING	ANENT	ACTLY.	ssified. Ex	
OR BINI	S A PERM	ated EX	coperly cla	rtificate.
IARGIN RESERVED FOR BINDING	K-THIS IS	nould be st	may be pi	back of ce
IN RESE	DING INI	l. AGE sh	, so that it	uctions on
IARG	TH UNFA	lly supplied	plain terms,	See instr
•	INLY, WI	be carefu	EATH in 1	important.
	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	TION is very important. See instructions on back of certificate.
S. No. 1	B.—	m/	C	T

V. S. No. 1

1. PLACE OF DEATH	F MAR	YLAND—	CERTIFICATE OF DEATH	138
County Norcester	•	WITHIN MAAT	Registration Dist. No.	50
Village or City_logomoke_ Length of residence in city or town where	City death occurred	yrs,mos	No. St., death occurred in a hospital or institution, give its NAME instead of street and nur. ds. How long in U.S. if of foreign birth?	
(a) Residence: No.	(Usual place		St., Ward. If nonresident give city or town and St	tale
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWEO, D. (write the word)	21. DATE OF DEATH LOCOMOKE City, February 15th (Month) (Oay)	193.4 (Yeer)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Winnie E.T.C. 6. OATE OF BIRTH (month, day, and year) De Co	wnsend ember 2	8th,1883	Hast saw h im alive on Feb. 14, 1934,9	ceased from 9,34.
7. AGE Years Months 1	Deys 18	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 5 • OOA m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	set Coun Land	ime (years) nt in this pation 5	Cirrhosis of Liver. Alcoholic. Other Contributory Causes of Importence:	
14. BIRTHPLACE (city or town) Somer		nty	Name of operation Date of What test confirmed diagnosis? Was there an aut	
15. MAIDEN NAME Follie Co:	rbin rset Cou	inty	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Oate of injury	
17. INFORMANT Winnie E. Tow (Address) I OCOMOKE Cit 18. BURIAL, CREMATION, OR REMOVAL Place OCOMOKE City Place OCOMOKE City	y, Naryl		Where did injury occur?	
19. UNOERTAKER SELLOW P. C. (Address) OCOMORE City 20. FILED Fal. 17, 1934.	Stive In To	nd Registrar.	24. Was disease or injury in any wey related to occupation of deceased? NO If so, specify (Signed) (Address) Pacamake City, Md.	•

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V

V. S. No. 1 B.

should state

STATE OF MARTLAND	CERTIFICATE OF DEATH (12039)
1. PLACE OF DEATH	
County Workesler , xes of	Registration Dist. No. 351
Village or City Bol- now 2 puoi	Ondell St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME + chace 6: Shutt	
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH 7
Male While Married	(Month) (Day) (Year)
5a. If married, widowed, or-divorced HUSBAND of	22P . I HEREBY CERTIFY. That I attanded deceased from
(or) WIFE of Hennee anuly	22. I HEREBY CERTIFY, That I attanded decessed from
March 18 155	I last sew h Air alive on Jelev 16 19 4: deeth is said
6. DATE OF BIRTH (month, day, and year) 1000 1. 15 2. 7. AGE Years Months Days If LESS than	to heva occurred on the deta steted above, et 2, m.
1/ 1/ 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
Treda, profession, or particular	ware as follows:
Nind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	2411/311
9. Industry or business in which	Man Day on and
work wes done, as SILK MILL. (hunch)	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month app.	}
this occupation (month after 1927 spent in this 35 %	J
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) // awyland,	
13. NAME Tette Trutt	
14. BIRTHPLACE (city or town) Mary Cand	Name of operation Date of
(State or country) Wayland	What test confirmed diagnosis?
15. MAIDEN NAME Comma. Houlston	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Commed. Houlston	Accidant, suicide, or homicida? Date of injury 19
State or country) May Land	Where did injury occur?
ne willing of the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17, INFORMANT // CAddress) Tool Tool Tool	apony was many addition in the detail, in home, of the obeing reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place M. S. Cimeter Smore Bell of the 20, 1934	Natura of Injury
Mend - De il	24. Wes diseesa or injury in any wey related to occupetion of deceesad?
19. UNDERTAKER (Address) A	If so, specify
7/2 - S./ O. A.	(Signed) Willy M. D.
20. FILED 420, 1934 LELOY Sweets	(Andress) Auro July My
	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	P. Control of the Con	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARTERIO	CENTILICATE OF DEATH 12040
1. PLACE OF DEATH	②
County Warrester	Registration Dist. No. 355
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME Still Barry	Issuit
(a) Residence: No. Asarksan And	St.,Ward.
(Usus i place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (write the word)	F. 193 4 (Monthy (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Het 12, 1934	I last saw h. An office of Alad 7ch 11 , 19 74; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2.12m.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onest
SAWYER, BOOKKEEPER, etc	Wester in little 2
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	home
13. NAME Charles Trutt	
13. NAME Charles Asuitt 14. BIRTHPLACE (city or town) / Dullin	Name of operation 22 Onice Date of
(State or country)	What test confirmed diagnosis? Dine Was there en autopsy? Pro
15. MAIDEN NAME Burdin Bradford	23. If death wes due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) - Deller	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Johaslas Truits (Address) Dulin Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lossy Rees Date Het. 12, 1934	Nature of injury
19. UNDERTAKER J. W. Jourbage (Address) Jacoby Jnd.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 - 12 - 1934 Helen & Hayward Registrar.	(Signed) C Q Halland M.D. (Address) Beelen md-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

603010

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 5 - C	1915	Attack of epilepsy	1 week aga	
Chronic interstitial nephritis	1921	Run over by street car	1 week aga	
Cerebral hemorrhage ,	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	g g			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02041
1. PLACE OF DEATH	95-2
County Worcester	Registration Dist. No. 30/
Village or City near Suow Hill.	NoSt., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GLOZGE VN. UQ	udegrift.
(a) Residence: No.	St., / Ward. /
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE, 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white or Divorced (write the word)	(Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Coldie W. Vaudegriff	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 20-1853	I last saw halive on
7. AGE Years Months Oays If LESS than	to heve occurred on the date stated above, at LO. Am.
80 8 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade profession or particular	no. Noclor in allend- Date of onset
sawyer, BOOKKEEPER, etc.	ance at Time of death.
J. Industry or business In which work was done, as SILK MILL,	Died before Declos ar-
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	rived beed who says he
this occupation (month and 1924 spant in this occupation	died of heart trouble-
months & O. A.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
04.	•
I De 10 0/14	Name of according
14. BIRTHPLACE (offy or town) (State or country)	Name of operetion Date of What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Elizabeth Edwards	23, If death was due to externel causes (VIOL ENCE) fill In also the following:
E ON UO.A-	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT avery D. Bishofo (Addross) Sugar Hell md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, QR REMOVAL	Manner of Injury
Place M.P. Ceau focal Date of 11, 1934	Neture of injury
19. UNDERTAKER V. P. Blevers are	24. Was disease or injury in any way related to occupation of deceased?
2/10 31/ PCA (11/T)	(Signed) PEROL Serveth R Rog M. D
Registrar.	(Address) Sedow Hill, md.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B. of OCCUPA-

item of infor-

	MOTHER FATHER 1.
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TION is very important. See instructions on back of certificate.	MOTHER
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is ve	13
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Wareister	Registration Dist. No. 35-2
Village or City //warf md.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of atreet and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME I SAME WILL West	
(a) Residence: No. Mewark and.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (price the word) OR DEVORCED (price the word)	21. DATE OF DEATH Total (Month) (Dey) (Yeer)
56. If merried, widowed, or divorced HUSBAND of (or) WIFE of May I. West.	1 HEREBY CERTIFY. That I ettended deceased from 1934, to 74 15. 1934
6. DATE OF BIRTH (month, dev, and year) (201) 3 1858	I lest sew h alive on Zeb & 19 94 Meeth is seld
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated ebove, at 12 P m.
45 10 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:
8 Trade, profession, or perticuler kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Chroni Interestal heplati 1523
work wes done, as SILK MILL, Shall Hand.	
10. Dete deceased lest worked at 11. Tolal time (years)	
this occupation (month and 1933 spent in this occupation	
12. BIRTHPLACE (city or town). Mulany md	Other Contributory Causes of importence:
(Stete or country)	
13. NAME Mirris West 14. BIRTHPLACE (city or town) Musicarly (State or county)	
4 14. BIRTHPLACE (city or town) Much	Neme of operation Oete of
(State of country)	Whet test confirmed diegnosis? none Wes there en eutopsy? 20
15. MAIDEN NAME MADE	23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) was breaking	Where did injury occur?
17. INFORMANT Mas May I West,	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place funded Date Thop, 16, 1934	Neture of injury
19. UNDERTAKER J. W. Bushage	24. Wes disease or injury in eny wey releted to occupetion of deceesed? Pro
20. FILEO. J. 21/16, 1934 IV Meenford	(Signed) (9 Holland, 2nD M.D. (Address) Dealin 2nd
Town Notes and the second	

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